

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Schauer 63-031174

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 288

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 3 1963

1. PLACE OF DEATH

a. COUNTY

AD AIR

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

KIRKSVILLE

Length of stay in 1b

3 months

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Nursing Home #1

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY SCHUYLER

c. CITY

OR TOWN

GLENWOOD,

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

1 mi N of Glenwood

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

ANNA

Middle

ELIZABETH

Last

WATKINS

4. DATE OF DEATH

Month

AUGUST

Day

23

Year

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

March 26

9. AGE (last birthday)

1880 83

IF UNDER 1 YEAR

Months Days

4 27

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOUSEWIFE

11. BIRTHPLACE (City and state or country)

SCHUYLER COUNTY

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM FLETCHER

13b. MOTHER'S MAIDEN NAME

FANNIE CARTER

14. NAME OF HUSBAND OR WIFE

FRANCIS D. WATKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. CHARLES STEVENS, GLENWOOD, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause test.

Medulla Failure
Cerebral Encephalomalacia
Cerebral Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

hours

months

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 30, 1963, August 23, 1963, and last saw her alive on August 22, 1963. Death occurred at 5:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George H. Schauer, D.O.

22b. ADDRESS

Kirkville

22c. DATE SIGNED

8-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

8/25/1963

23c. NAME OF CEMETERY OR CREMATORY

GLENWOOD I.O.O.F.

23d. LOCATION (City, town, or county)

GLENWOOD, MISSOURI

24. FUNERAL DIRECTOR

NORMAN FUNERAL HOME, LANCASTER, MO.

25. DATE RECD. BY LOCAL REG.

8-26-63

26. REGISTRAR'S SIGNATURE

Dorcas W. Ratliff

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Permit issued August 23, 1963

GEORGE H. SCHNEIDER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John E. Foster

Licensed Embalmer No.

4742

P. O. Address

Funkhouser, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.